

**Before the Federal Communications Commission
Washington, DC 20554**

In the Matter of

Rural Health Care Support Mechanism

WC Docket No. 02-60

COMMENTS

The Department of Public Health and the Commonwealth Health Center (“DPH” and “CHC”) for the Commonwealth of the Northern Mariana Islands (“CNMI”) submit these comments in response to the Rural Health Care Support Mechanism Report and Order, Order on Reconsideration, and Further notice of Proposed Rulemaking (“Report and Order”). The comments are made pursuant to the Commission’s December 24, 2003 Public Notice and relate only to Sections III.B.5. and V. regarding insular areas.

DPH and CHC have just recently been informed of the likely impact of the above Report and Order on their ability to make available quality health care services to their patients and their community who are thousand of miles away by air from the closest tertiary health care services, including specialty and sub-specialty physician and ancillary services, medical schools, and related medical technology.

DPH and CHC would like to support the position taken by the Pan-Pacific Education and Communication Experiments by Satellite (PEACESAT) as it relates to defining rural – urban services (under Section III.B.5. and V. of the Report and Order).

DPH and CHC are particularly concerned because of their need for further development of tele-health and telemedicine capabilities (e.g. tele-radiology) to expand the services that can be delivered locally, without the expense, health risk to the patient, and other difficulties related to traveling long distances across the ocean for necessary medical care.

Currently the people of the CNMI pay universal fund charges but do not receive any benefit from the United States Administrative Company Rural Health Care Program support mechanisms. The Commission has determined that 254(h)(1)(A) precludes it from “designating an urban area outside of the State as the benchmark” for rural-urban rate comparison, though the Universal Services Administrative Company and the US Dept of Health and Human Services both define the CNMI as entirely rural.

The 25% internet access discount is simply insufficient as a solution for tele-health and telemedicine purposes for the reasons described by PEACESAT.

DPH and CHC support the following suggestions by PEACESAT as a means to alleviate the existing hardship.

- The Commission should allow and provide support for eligible health care providers in the Pacific (such as DPH and CHC) to share the network infrastructure and use of telecommunication and Internet access networks of eligible schools and libraries, at no or little cost, under agreements between the schools, libraries and health care providers. The Commission could provide standards and procedures for such shared use and shared costs.

- The Commission should not simply adopt the Census Bureau's definition of rural, as it would exclude the CNMI despite its remoteness from the health care services of "real" urban areas. The population per square mile in the Commonwealth of the Northern Mariana Islands is 242, but it is in fact rural in character as it is isolated from urban health care services. Any new definition of rural and urban for the Rural Health Care Program and Schools and Libraries Division must take into consideration the unique situation of Pacific insular areas.

DPH and CHC thank the Commission for the opportunity to comment on these issues which are so essential to the delivery of quality health care services in the CNMI.

Respectfully submitted,

Department of Public Health and the Commonwealth Health Center
for the Commonwealth of the Northern Mariana Islands

By: /s/ Debra Knapp, Assistant Attorney General
Office of the Attorney General, Commonwealth of the Northern Mariana Islands
2nd Floor Juan A. Sablan Memorial Bldg., Capitol Hill
Caller Box 10007, Saipan, MP 96950
Telephone: (670) 236-8670
Fax: (670) 234-8930
E-Mail: knappsachs@AOL.com